Sheffield Hallam University | Applied Health and Social Care Research Centre

North East and Yorkshire regional synthesis of AHP Workforce Plans

Final Report to NHS England (NEY region)

July 2023

Sheffield Hallam University

Dr Trudy Sevens, Prof Julie Nightingale, Rachel Ibbotson

Citation: Sevens T, Nightingale J, Ibbotson R. *North East and Yorkshire Regional Synthesis of AHP Workforce Plans. Final Report to NHS England (NEY region)*. Sheffield Hallam University. July 2023.

TABLE OF CONTENTS

LIST OF FIGURES 2
LIST OF TABLES 2
ABBREVIATIONS 2
EXECUTIVE SUMMARY 3
CONTEXT 5
METHOD 7
CAVEATS AND KEY CONSIDERATIONS 7
WORKFORCE OVERVIEW 8
AHP REGISTERED WORKFORCE - SUPPLY POSITION 11
AHP REGISTERED WORKFORCE - DEMAND POSITION 13
REVIEW OF INDIVIDUAL PROFESSIONS 14
ACTION PLANS FOR THE AHP REGISTERED WORKFORCE 15
SUPPORT WORKER SUPPLY AND DEMAND 16
ACTION PLANS FOR DEVELOPMENT OF THE AHP SUPPORT WORKFORCE, RESOURCES AND RISKS ... 17
CONCLUSIONS AND RECOMMENDATIONS 18
REFERENCES 20

LIST OF FIGURES

Figure 1 NEY Region 6
Figure 2 Number of NEY AHP Individual Professions 9
Figure 3 Number of NEY AHP Support Workers 90
Figure 4 Total NEY AHP Workforce WTE 9

LIST OF TABLES

Table 1 NEY ICSs 6
Table 2 Indicative no. AHPs expected to come from supply route in the next 18-months. 12

ABBREVIATIONS

HEE – Health Education England; HNY – Humber and North Yorkshire; ICS – Integrated Care System;
IR – International Recruitment; NHSE – NHS England; NENC – North East North Cumbria;
NEY – North East and Yorkshire; ODP – Operating Department Practice; OT – Occupational Therapy;
PT – Physiotherapy; RtP – Return to Practice; SLT – Speech and Language Therapy;
SY – South Yorkshire; WY – West Yorkshire; WTE – Whole Time Equivalent

EXECUTIVE SUMMARY

Introduction

The NHS England North East and Yorkshire (NEY) region covers a wide geographical area and includes four Integrated Care Systems which are Humber and North Yorkshire (HNY), North East North Cumbria (NENC), South Yorkshire (SY) and West Yorkshire (WY). The 15 Allied Health Professions (AHPs) represent the third largest clinical workforce in health, and a national Allied Health Professions Workforce Supply Project was commissioned which required all NHS Trusts in England to produce an 18-month AHP workforce supply strategy report by July 2022. This report is a synthesis of the AHP workforce plans submitted by 31 NHS Trusts within the former Health Education England (HEE) North-East and Yorkshire footprint.

Methods

The 31 NHS Trusts submitted AHP workforce reports based on a template supplied by the HEE national team. Workforce plans were compared to produce a narrative synthesis of the data for each of the four Integrated Care Systems (ICSs). These system level reports have subsequently informed this executive summary regional report for NHS England (North-East and Yorkshire region).

Workforce Overview

Within the NEY region the data supplied indicates there are a total of 13,720 Whole Time Equivalent (WTE) registered AHPs and 3,575 WTE clinical support workers. Head counts are higher with 15,709 registered AHPs working alongside 4,021 clinical support workers. The support workforce makes up 20.7% of the total AHP workforce although this proportion varies between ICSs (range 17.9 – 26.2%). All 31 NEY NHS Trusts employ dieticians, OTs, PTs and SLTs, but none employ Osteopaths. Where data on inclusivity was supplied this shows a lack of ethnic and gender diversity in the registered and support workforce which varies between professional groups. The retirement profile in several professions including Podiatry will present key challenges within the next five years.

Registered AHP Workforce

Most reports noted a stable AHP workforce with some growth, however recruitment issues were noted for smaller professions and some larger professions (OT, Diagnostic Radiography, SLT, Dietetics and Podiatry). The supply pipeline is mainly new graduates with no issues filling Band 5 vacancies except where HEI providers are remote from the trusts or outside the graduation window. Recruiting to higher grades is problematic. International recruitment is an increasing contributor to the supply pipeline with a future focus on Diagnostic Radiography, though Return to Practice has had minimal impact. Level 6 apprenticeships are increasing and are diversifying into new professions as education providers come online. Some trusts have yet to embark on apprenticeship training, citing a lack of backfill and establishment funding as a major barrier.

Reports noted high turnover and vacancy rates, particularly in Diagnostic and Therapeutic Radiography. The retirement profile in several professions will present key challenges within the next five years, with Podiatry most at risk. Some Trusts note high attrition at Band 5; most Trusts are

strengthening their preceptorship, mentorship, and induction processes to improve early career retention. Expansion to existing services and new service developments such as the Community Diagnostic Centres will impact on demand for AHPs in several Trusts. Opportunities for enhanced and advanced practice were being explored across the region, but only one report mentioned Clinical-Academic career development. Strengthening AHP Leadership was a key focus, including planning for strategic roles including Chief AHP posts. Business cases included new community services, apprenticeships, international recruitment and Return to Practice campaigns, increasing Band 5 posts and bank staff, and supporting over-recruitment where vacancies are expected.

AHP Support Workforce

The support workforce is seen as a key driver for AHP service transformation, however concerns were raised regarding the accuracy of Electronic Staff Record (ESR) support workforce data, which was stated as not fit for purpose, particularly where they work in the community or have roles spanning more than one professional group. Recruitment and retention of support workers is good, though low turnover restricts career progression opportunities. Increasing numbers of graduates accessing these posts. Trusts do not have specific AHP Support Workforce plans, but they are included in wider AHP strategies. Human Resource processes are being reviewed and standardised where appropriate. The concept of 'Grow Your Own' has been adopted widely with an increasing emphasis on apprenticeships, although lack of local education opportunities for some professions, and lack of backfill funding and establishment uncertainties were a risk. Other risks include lack of senior staff engagement, and lack of engagement of registered staff due to high clinical workloads. Regional and system level collaboration is an enabler for driving support workforce innovations.

Conclusions and Recommendations

This report presents an executive summary of the synthesis of AHP workforce plans outlined in the four ICS reports. The combined AHP workforce across the NEY region (data supplied by 29/31 NHS Trusts) totals 17,295 WTE; support workers comprise one fifth of the total (20/7%, ICS range 17.9-26.2%). There is anticipated growth for support workers; Level 6 apprenticeships are increasingly being used as a new pathway to practice and retention tool for experienced support staff.

Graduate supply to Band 5 posts is healthy though turnover is rapid in some areas. Recruitment to many senior and specialist posts is problematic; the retirement profile will present further challenges for these senior posts. Most small AHP professions face recruitment challenges, while some larger groups carry persistent vacancies with a high reliance on agency staff. Demand is increasing in response to Covid-19 recovery plans and added complexity of cases. Transitioning to seven-day working, integration of services and responding to national initiatives will impact on the already stretched AHP workforce. Innovations include expansion of enhanced and advanced practice and practice educators to support placement expansion and apprenticeships.

Recommendations include establishment of Chief AHP and AHP Support Workforce leads at Trust and ICS levels; supporting development of regional and system-based apprenticeship and practice education strategies; initiating in-depth review of AHP diversity and inclusivity; and increasing research capability and capacity of the AHP workforce. Operational recommendations include implementing improvements in ESR data recording and interrogation, particularly in relation to coding of support workers.

CONTEXT

- NHS England's North-East and Yorkshire region includes four Integrated Care Systems (ICS) which incorporate a total of 31 NHS Provider Trusts and 2 NHS Ambulance Trusts.
- The 15 Allied Health Professions (AHPs) represent the third largest clinical workforce in health. The National Allied Health Professions Workforce Supply Project championed an investment of £62,000 in 2020-21 to all NHS Trusts in England; Trusts were required to produce an 18-month AHP workforce supply strategy report by July 2022.
- This report is based on a synthesis of these 31 Allied Health Professions (AHP) workforce plans, producing an executive summary of the learning from the four Integrated Care System reports.

NHS England (NHSE) in the North East and Yorkshire region serves a diverse population of 8.5 million people and has a health and social care workforce of 460,000. This large geographical region spans from Sheffield and Leeds to Newcastle and the Scottish borders, north Lincolnshire and Hull to north Cumbria and Carlisle. Educationally the region contains five medical schools and 16 universities as well as a strong learning culture in our NHS providers. Within this region and nationally, Health Education England (HEE) has been committed to growing the supply of staff through training medical, dental, pharmacy, healthcare science, nursing and midwifery, and allied health professionals; as well as introducing innovative roles such as nursing associates, physician associates and advanced clinical practitioners. On 1st April 2023 HEE) combined with NHS England to create a new organisation, with NHS England assuming responsibility for all activities previously undertaken by HEE. This includes planning, recruiting, educating and training the health workforce, and ensuring that the healthcare workforce has the right numbers, skills, values and behaviours in place to support the delivery of excellent healthcare and health improvement to patients and the public.

To help ensure health and care services are built around the needs of people in the region, local providers and commissioners are working together in Integrated Care Systems (ICS). The NHSE NEY region constitutes four Integrated Care Systems - South Yorkshire (SY), West Yorkshire (WY), Humber and North Yorkshire (HNY), and North East North Cumbria (NENC) (Figure 1, Table 1), which incorporate a total of 31 NHS Provider Trusts and 2 NHS Ambulance Trusts. The Ambulance Trusts are not in scope for this report, though some paramedics are employed directly by a Provider Trust.

The North-East and North Cumbria Integrated Care Board is the largest of the 42 Integrated Care Boards in England, it is responsible for a £6.6 billion budget and a workforce of 170,000 people looking after 3.1 million people across the system. The SY system is the smallest system within NEY and serves a population of over 1.4 million located within four Places (Barnsley, Doncaster, Rotherham and Sheffield). The HNY system covers a wide geographical area (1500 square miles) including the cities of Hull and York, and diverse rural and coastal communities. It serves a population of 1.7 million people. NENC system also covers a wide geographical region including significant areas of deprivation which contribute to some of the starkest health inequalities in England, driving much of the pressure that the health and social care providers struggle to manage. The WY system includes five local places (Bradford District and Craven; Calderdale; Kirklees; Leeds and Wakefield District), serving a population of 2.4 million people and again covers a wide geographical area.

Figure 1 NEY Region

ICS	Number of trusts	Population
1. North East North Cumbria (NENC)	10	3.1 million
2. West Yorkshire (WY)	8	2.4 million
3. Humber North Yorkshire (HNY)	5	1.7million
4. South Yorkshire (SY)	8	1.4 million

Table 1 NEY ICSs

A significant proportion of health services are provided by the 15 Allied Health Professions (AHPs) who work across health and social care settings, representing the third largest clinical workforce in health [1]. The AHP sector is acknowledged to be under-resourced, with the pre-pandemic People Plan workforce planning illustrating that 27,000 additional AHPs are needed by 2024 to meet future workforce demand [2]. A lack of investment in AHP education, leadership, and delivery is a significant barrier to change and the 2021/22 NHS People Plan recognises the importance of Integrated Care Boards (ICBs) in driving this change [3]. The National Allied Health Professions Workforce Supply Project [4] championed an investment of £62,000 in 2020-21 to all NHS Trusts in England, enabling change agents for AHP workforce transformation and helping organisations to implement key supply interventions and develop sustainable options to help grow their AHP workforce. Of this, £12,000 was to be ring-fenced to support the delivery of one specification domain – AHPT7: AHP Support Workforce. A key output of this funding was for each Trust to develop/produce an 18-month AHP workforce supply strategy by July 2022.

More recently, the NHS Long Term Workforce Plan [5] highlighted increases in AHP training to more than 18,800 by 2031/32. There is heavy emphasis on degree apprenticeship training with growth from 6% to 35% of all training to be through this route by 2031. For some professions such as Operating Department Practitioners (ODPs), therapeutic radiographers and podiatrists, it is expected that over 80% of training will be delivered through apprenticeships by 2031/32.

The HEE NEY region received the AHP workforce plans from their systems, and commissioned Sheffield Hallam University to synthesise learning and themes which will feed the Multi Professional Education Training and Invest Planning (METIP) process and/or inform additional supply and upskilling opportunities. A report for each system / ICB Board has been compiled, and these have been synthesised to provide this wider region report. The report objectives include:

- Provide a report summarising the high-level findings of the workforce strategies at regional level and broken down into each of the ICSs.
- Identify key themes of AHP workforce priorities, and lessons learned.
- Provide recommendations for current and future AHP workforce priorities.

METHOD

- NHS Trusts submitted AHP workforce reports based on a HEE template supplied by the national team.
- Workforce plans for each ICS were compared to produce a narrative synthesis of the data to form a system level report.
- The highlights from the four system level reports informed this NHSE North-East and Yorkshire report.

This regional level review was undertaken using data provided within 31 NHS Trust AHP workforce reports. All reports were submitted using a template provided by the former HEE national team, however not all sections of the report were completed, or were completed with variable levels of information provided.

To fulfil the objectives of this review, the workforce plans were compared, and a narrative synthesis of the qualitative data was presented. All workforce plans were read by two researchers and using a thematic approach key themes relating to AHP workforce priorities were identified. For this review, aggregation and analysis of quantitative data submitted was not feasible but where possible tabulations have been included to provide context.

Four individual system level reports were initially prepared to inform system level workforce planning. These reports referred to each NHS Trust by a code (A – Z) for confidentiality purposes, with Trust report authors being provided with their own code. Recommendations for current and future AHP workforce priorities were made. Each system level report has subsequently been compared to provide this regional level synthesis report for NHS England (North East and Yorkshire).

CAVEATS AND KEY CONSIDERATIONS

- Reports included significant variability in the level of detail provided.
- ESR data is not fit for purpose for accurately capturing the AHP Support Workforce, particularly where they work in the community or have roles spanning multiple professional groups.
- Inconsistencies appear in ESR data.
- Recruitment and retention are influenced by geographical factors including accessibility and desirability, socio-economic deprivation, ethnic diversity and the average age of local population.

Initial analysis of the NHS Trust reports identified that they were collated by either individual workforce leads or by teams of senior staff, leading to significant diversity in the structure of the reports. Comparison between reports was challenging. Some report authors had either not used the HEE template or had only responded to individual sections. The Trusts identified caveats related to their geographical location and all acknowledged challenges in the accuracy of their ESR data which does not currently appear to be fit for purpose for accurately capturing AHP and support worker data. There were issues highlighted with bank and locum staff being excluded from ESR data and for those on maternity leave and secondments.

WORKFORCE OVERVIEW

- Based on data supplied by 29/31 NHS Trusts, there are 13,720 registered WTE AHPs employed within the NEY region alongside 3,575 clinical support workers
- The support workforce makes up 20.7% of the total AHP workforce (n= 17,295 WTE)
- All 31 NHS Trusts employ dieticians, OTs, PTs and SLTs. No Trusts within the region employed Osteopaths.
- There is a lack of ethnic and gender diversity in the NEY AHP workforce.

A total of 13,720 Whole Time Equivalent (WTE) registered AHPs and 3,575 clinical support workers are employed across the NEY region. With some staff working less than full time, head counts are higher (15,709 registered headcount, and 4021 support workforce headcount). The support workforce makes up 20.7% of the total AHP workforce (n= 17,295 WTE).

The workforce includes a range of AHPs in each of the ICSs, but no systems employed Osteopaths. The largest workforce professions are Dietitians, Occupational Therapists, Physiotherapists and Speech and Language Therapists, followed by Diagnostic Radiographers, Podiatrists and ODPs (figure 2).

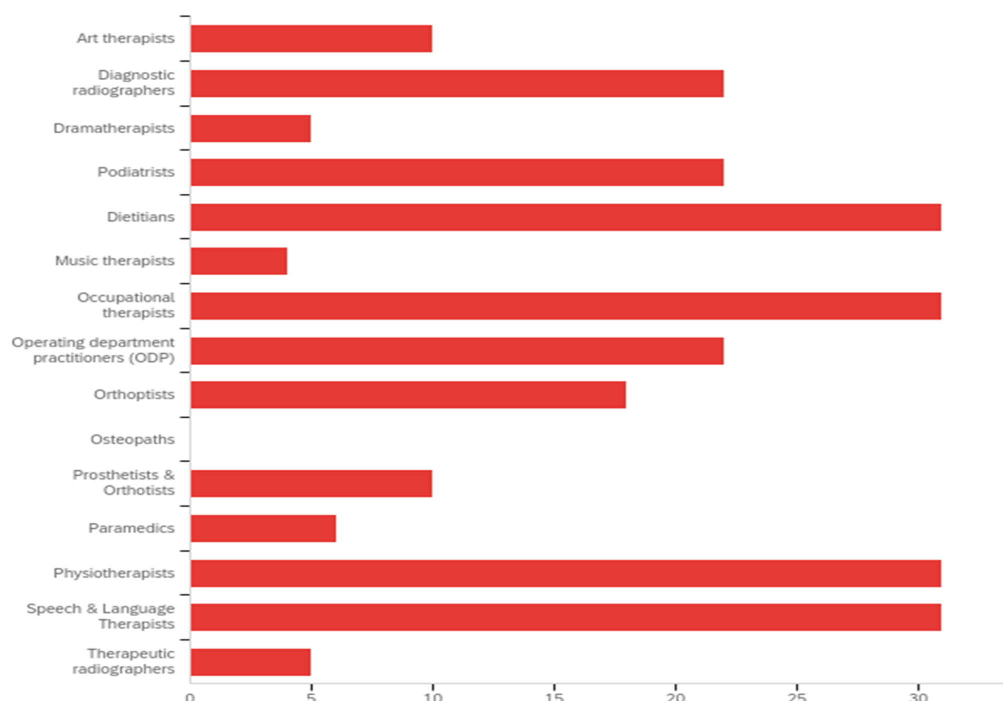

Figure 2 Number of NEY AHP Individual Professions

The nature of the AHP Support Workforce was similarly variable, with Support Workers related to Dietetics, OT, PT, SLT services identified across most if not all NHS Trusts. Many Trusts also noted a high number of 'generic' therapy support workers, as well as support staff who worked across both nursing and AHP disciplines.

The areas within which NEY AHP support workers were employed in larger numbers mirror the registered workforce areas, except for ODP/theatre support workers (figure 3). This is perhaps unsurprising given the challenges with ESR data accuracy for ODPs and theatre support workers also being employed by nursing.

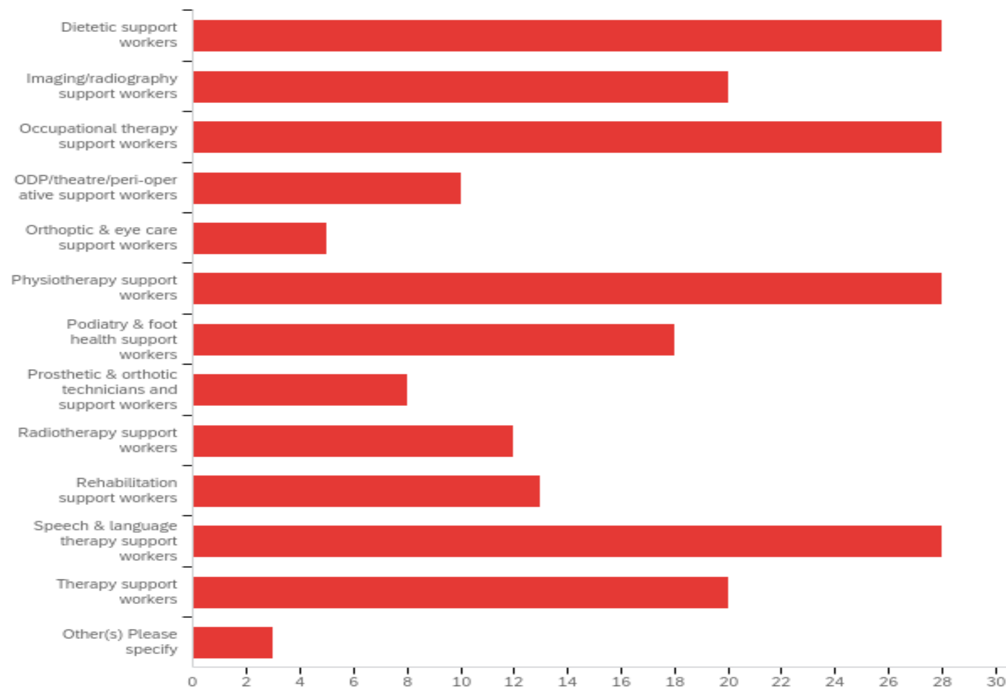

Figure 3 Number of NEY AHP Support Workers

The total whole time equivalent NEY AHP workforce is demonstrated below in figure 4 with the breakdown across each ICS demonstrated. Please note that two NHS Trusts did not supply this data, so the figures presented potentially underestimate the size of the workforce across HEE NEY.

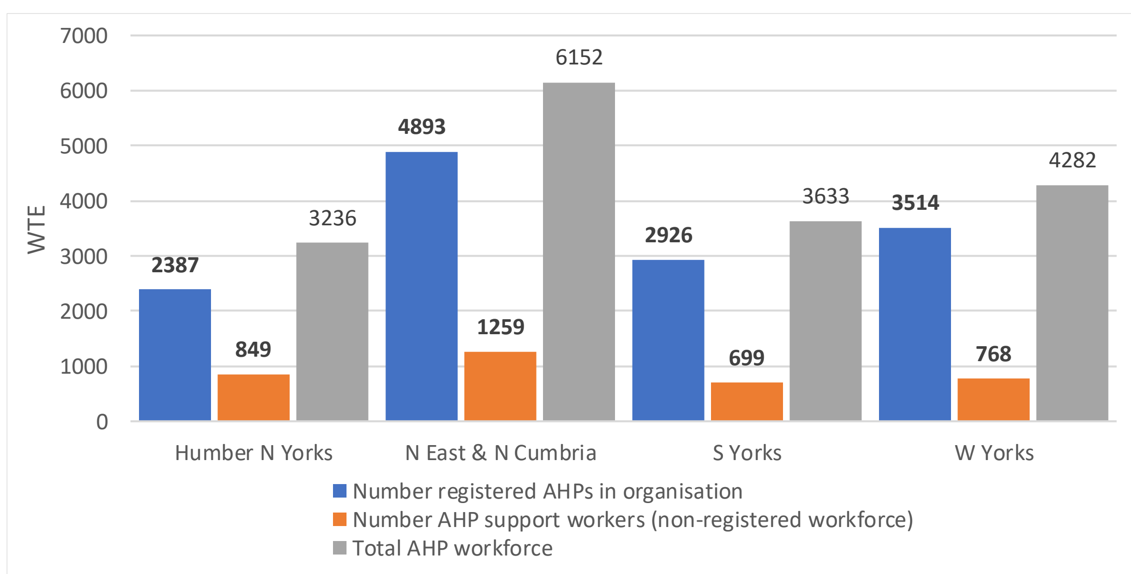

Figure 4 Total NEY AHP Workforce WTE

Across the NHSE NEY region, all 31 NHS Trusts employ Dieticians, Occupational Therapists (OT), Physiotherapists (PT) and Speech and Language Therapists (SLT). The specialist nature of different NHS Trusts resulted in some professional groups only being employed at one or two Trusts in each system (e.g., Art, Drama and Music Therapy, Therapeutic Radiography, Prosthetics and Orthotics). No NHS Trusts across the region indicated that they employed Osteopaths.

HNY Workforce: All five HNY Trusts employ dieticians, OTs, PTs and SLTs. Art Therapists, Drama Therapists and Therapeutic Radiographers were employed in only one Trust. No Trusts within the region employed Music Therapists or Osteopaths. Within the H&NY system 2387 WTE registered AHPs were employed, working alongside 849 AHP clinical support workers. The support workforce makes up 26.2% of the total AHP workforce (n=3236 WTE) which is a higher proportion than was identified in the other three ICS regions. Where data on inclusivity was supplied this shows a lack of ethnic diversity in the workforce (<2% BAME at one Trust).

NENC Workforce: All ten NENC NHS Trusts employ Dieticians, Occupational Therapists, Physiotherapists and Speech and Language Therapists. No Trusts within the region employ Osteopaths. Within the NENC system 4893 WTE registered AHPs were employed (8 trusts), working alongside 1259 AHP clinical support workers (7 trusts). The support workforce makes up 20.5% of the total AHP workforce (n=6152 WTE). Where data on inclusivity was supplied this shows a lack of ethnic and gender diversity in the workforce.

SY Workforce: All 8 SY Trusts employ Dieticians, Occupational Therapists, Physiotherapists and Speech and language Therapists. Music Therapists and Therapeutic Radiographers were employed in only one Trust. No Trusts within the region employed Paramedics or Osteopaths. Within the South Yorkshire system 2926 WTE registered AHPs were employed, working alongside 699 AHP clinical support workers. The support workforce makes up 19.2% of the total AHP workforce (n=3633 WTE).

WY Workforce: The eight WY trusts employ 14 out of 15 of the Allied Health Professions. Within the West Yorkshire system 3514 WTE registered AHPs are employed, working alongside 768 AHP clinical support workers. The support workforce makes up 17.9% of the total AHP workforce (n=5629 WTE), which is the lowest proportion across the four ICS regions.

Where data on inclusivity was supplied this shows a lack of ethnic diversity in the workforce in three ICSs (HNY, NENC and WY) and a lack of gender diversity in the workforce in NENC and WY. The workforce was an experienced workforce but there were also concerns around the retirement profile in several professions which will present key challenges within the next five years. To trusts have indicated that they have a relatively young AHP workforce.

ESR data is noted to be relatively accurate for the registered workforce (except for Operating Department Practice) but is not fit for purpose for accurately capturing the AHP Support Workforce, particularly where they work in the community or have roles spanning more than one professional group.

AHP REGISTERED WORKFORCE - SUPPLY POSITION

- Stable AHP workforce with some growth; recruitment issues noted generally for smaller professions and specifically for some larger professions (OT, Diagnostic Radiography, SLT, Dietetics and Podiatry).
- Supply pipeline is mainly from new graduates with no issues filling Band 5 vacancies except where HEI providers are remote from the trusts or outside the graduation window.
- International recruitment (IR) is increasing but has variable success with the greatest emphasis on recruitment of Diagnostic Radiographers
- There have been minimal recruitment successes via the Return to Practice route.
- Level 6 apprenticeships are increasing and are diversifying into new professions, though some trusts have yet to embark on apprenticeship training. A lack of backfill funding continues to prevent expansion of apprenticeships.
- Where diversity data has been presented, trusts recognise that they have a mainly female workforce with very low ethnic minority representation in their AHP registered workforce.

All four ICS reports highlight a stable AHP workforce with some growth, though recruitment issues are noted for smaller professions (HNY, NENC, SY), in OT and Diagnostic Radiography (SY, WY) and in SLT, Dietetics and Podiatry (WY). Recruiting senior and specialist roles is problematic (NENC, WY), with some Trusts in West Yorkshire ICS struggling to recruit into Band 6 posts.

The supply pipeline is mainly via new graduates with no issues filling Band 5 vacancies (all ICSs), except where HEI providers are remote from the trusts (NENC), or outside of the summer graduation window (SY). Recruitment appears to be taking place earlier in the undergraduate cycle, with graduates placed into Band 4 roles whilst they gain registration (HNY). Trusts with 'top-heavy' professional structures may miss out on graduate recruitment (HNY). The West Yorkshire ICS report identifies that high Band 5 turnover means that several recruitment drives are now required per year. This is very labour-intensive and some services are looking to support recruitment lead posts.

International recruitment (IR) is increasing but has variable success in different professions and locations (all ICS regions). IR is noted to be costly and time consuming and is therefore unappealing for some managers (HNY), though some AHP leaders (SY) are learning from more successful nursing recruitment programmes. While there is some cross-ICS collaboration in some systems, in West Yorkshire while some trusts have recruited international staff through direct contact, there is no current engagement with planned AHP International Recruitment drives across their eight sites. Proposals for the current year include recruitment for Diagnostic Radiography (NENC), which has persistently high vacancy rates.

The NHS Trusts report minimal recruitment successes via the Return to Practice route (all ICSs), however South Yorkshire notes increasing activity at ICS level.

Support for Level 6 apprenticeships appears to be increasing across all four systems, with increasing apprentice numbers particularly in OT, PT and ODP, with several cohorts due to graduate soon (WY). The system reports indicate a gradual diversification into new professions as education providers

come online (all ICSs). Trusts within South Yorkshire ICS note a current lack of education provision for SLT and Dietetics degree apprenticeships. Challenges including lack of funding for backfill, and establishment uncertainties regarding a permanent job at the end of the apprenticeship which are impacting on retention of excellent staff (HNY, WY). NENC note that some Trusts have yet to embark on apprenticeship training; where apprenticeship programmes have been embraced, they are seen as a long-term commitment which makes only a small contribution to the workforce supply. There is potential for this to change in response to the NHS Long Term Workforce Plan [5] which signals that several professions will see the majority of their graduates coming through the apprenticeship pathway.

Where diversity data has been presented, trusts recognise that diversity of the AHP registered workforce varies between organisations and between professions. Overall there is a mainly female workforce with very low ethnic minority representation in their AHP registered workforce (NENC, SY, WY). The AHP age profile differs across and between the systems. While two Trusts in both SY and WY note a relatively young workforce, most trusts in WY have concerns related to impending retirements (particularly in some professions such as podiatry).

Limited quantitative data was supplied regarding AHPs expected through supply routes in the next 18 months (Table 2) so caution must be applied when interpreting these figures. However new graduates contribute the greatest proportion of workforce supply across the region, with Level 6/7 pre-registration apprenticeships showing growth across most ICS regions.

High impact supply interventions	Indicative no. AHPs expected to come from supply route in the next 18-months									
	2022/2023					2023/2024				
	HNY	NENC	SY	WY	TOTAL	HNY	NENC	SY	WY	TOTAL
Return to Practice	9.5	17.0	7.0	11.0	44.5	9.5	16.0	10.0	11.0	46.5
International Recruitment	31.0	73.0	26.0	5.0	135.0	36.0	55.0	23.0	5.0	119.0
New graduates *(traditional training routes)*	90.5	302.0	182.2	154.4	729.1	32.5	181.0	202.2	154.4	570.1
Level 6/7 pre-registration apprenticeships	10.0	28.0	3.0	45.4	86.4	34.0	46.0	29.0	45.4	154.4

Table 2 - Indicative no. AHPs expected to come from supply route in the next 18-months. (please note that several NHS Trusts did not report specific figures, so these figures are likely to be an underestimate of the high impact supply interventions across the region).

AHP REGISTERED WORKFORCE - DEMAND POSITION

- All ICSs reported high staff turnover rates and increasing vacancy rates.
- Diagnostic and Therapeutic radiography were highlighted in several reports as having the highest persistent vacancy rates.
- Imminent retirement rates were reported as concerning in many trusts across all systems, with Podiatry most at risk.
- Expanding services, new initiatives and Community Diagnostic Centres were identified in several reports as having impacts on workforce growth requirements.

Reports noted high turnover and vacancy rates with all four ICSs highlighting this to be a particular challenge in Diagnostic Radiography. Several reports documented an increasing reliance on overtime, agency and bank staff, alongside high sickness rates due to work-related stress. Senior and specialist posts were reported to be harder to recruit into within HNY and SY.

The number of retirements in several professions were anticipated to create challenges, particularly for Podiatry in NENC and HNY who were developing policies around ‘retire and return’ to try and mitigate this. Staff in the younger age ranges (21-25 age range) were also seen as a transient workforce with high leaver rates in HNY, NENC and SY and to lessen the impact of this, Trusts are strengthening their preceptorship, mentorship, and induction processes to improve retention.

Expansion to existing services and new service developments such as Crisis Response and Mental Health services, new Long Covid pathways, virtual wards and integrated supported discharge were anticipated to impact on demand for AHPs in several reports. As a result, several reports acknowledged new workforce initiatives including the development of a range of new enhanced, advanced and consultant practice roles, including non-medical prescribing and First Contact Practitioners. The aging population profile added complexity of cases creating growing workload which was not matched by workforce growth. One report (SY) advocated changing the balance of registered staff and support workers to try and alleviate this.

Additional demands highlighted in the reports focused on transitioning to seven-day working, national initiatives such as the Additional Roles Reimbursement Scheme and Lung Cancer Screening and Community Diagnostic Centres. The latter is putting an additional strain on the already stretched Diagnostic Radiography workforce.

REVIEW OF INDIVIDUAL PROFESSIONS

- The integration of services makes reporting individual professions challenging (especially for therapy professions and ODP)
- The Podiatry workforce has a high proportion of staff within the older age range.
- Community roles and private practice appear more attractive roles for physiotherapists and occupational therapists, with recruitment to acute sector roles more challenging.
- Diagnostic Radiography and Podiatry are experiencing staff leaving to work for agencies to support better work-life balance.
- There are recruitment challenges in Speech and Language Therapy, particularly at higher grades.
- ODP appear to use Level 6 apprenticeships effectively but there are challenges for post-registration career development within combined nursing / ODP career structures.
- Smaller professions (Art, Drama and Music Therapy, Dietetics, Orthoptics, SLT) have a 'top heavy' structure with difficulty recruiting to senior posts and lack of opportunities to capitalise on the new graduate market.
- An expansion to Art Therapy and Creative Therapies was noted, especially within SY.

Unsurprisingly the three reported largest AHP groups in NEY were Diagnostic Radiography, Physiotherapy and Occupational Therapy. These groups had a healthy supply of band 5 graduates joining the workforce, although vacancy rates still existed particularly for Diagnostic Radiography. Specialist and senior posts were more difficult to recruit for the larger and smaller professions.

Conversely, the smallest provision was aligned to Art Therapy, Drama Therapy, Music Therapy, Orthoptics, Prosthetics and Orthotics. The smallest professions appeared to have 'top heavy' structures which were difficult to recruit in some instances and additionally employed smaller numbers of support workers. Retention of staff was an issue where there was a lack of career progression due to these 'top heavy' structures. There were no Osteopaths employed in the NEY reports.

Some AHP services (Podiatry and Prosthetics and Orthotics) were provided by private providers and therefore, the full picture for these groups may not be accurately represented in this project. Challenges with the aging workforce demographics in Podiatry were highlighted along with high turnover rates, high sickness rates and high student attrition with many graduates electing to work in the private sector.

There was also an increasing trend for AHPs to choose to work within the community setting rather than in acute settings which were perceived to provide a better work life balance. There were reports of increases in staff sickness rates due to work-related stress.

The ODP workforce was reported to be less stable with recruitment and retention and the complexities associated with nursing career structures overlapping with ODP added to the lack of clarity.

Both radiography professions reported challenges with recruitment and retention of the workforce; mirrored in the National picture. Imaging services had high use of agency, bank, and overtime staffing to meet increasing demand. Support workers are well utilised in diagnostic radiography, but not so much so in radiotherapy centres.

ACTION PLANS FOR THE AHP REGISTERED WORKFORCE

- A variety of initiatives had been utilised to increase recruitment to AHP services.
- Retention of the workforce was seen as a key priority.
- Increasing AHP leadership and AHP communities were reported as key enablers.
- New models of delivery or service transformation was described in various AHP groups.

Action plans for the registered workforce include a focus on recruitment through a variety of methods including apprenticeships, international recruitment, Return to Practice initiatives, over recruiting, and increasing the number and quality of student placements.

Retention initiatives for the early career AHP workforce centred around strengthening mentorship and preceptorship and creating rotational roles and development opportunities. Mid-career opportunities for enhanced and advanced practice were being explored in several trusts alongside establishing clear competency frameworks and job descriptions. Only one report mentioned the development of AHP Clinical-Academic roles as an aid to expanding research capability and capacity, assisting with retention, and improving AHP patient services.

Strengthening AHP Leadership was a key focus, with several Trusts in each ICS having plans to expand their AHP Leadership, including:

- NENC - proposals including a Chief AHP, AHP workforce lead and AHP education facilitators.
- SY - introducing a new Chief AHP role and/or AHP Workforce Development Leads; several reports commented on developing an AHP community of practice and diversity staff networks.
- HNY - planning included a Chief AHP role, an AHP education facilitator, AHP support worker lead, and developing an AHP forum.
- WY - identifying ESR data leads, a lead Support Worker role, new leadership opportunities for AHPs and developing or evolving AHP workforce communities.

New services and service expansion were also included, associated with Community Diagnostic Centres, Ophthalmology, ODP and Diagnostic Radiography service reviews, merging MSK and surgical services, and integrating acute and community services. Improving AHP workforce data and dashboards was also a priority.

SUPPORT WORKER SUPPLY AND DEMAND

- The HEE review put a spotlight on the support workforce which is seen as a key driver for AHP service transformation.
- Recruitment and retention of support workers is excellent.
- Low turnover restricts progression opportunities.
- Increasing numbers of graduates accessing these posts

There was a consensus within the reports that the HEE AHP Support Worker Competency, Education and Career Development Framework (2021) [6] had raised the awareness of leaders to the profile and needs of this staff group and had amplified the support worker 'voice' through the development of support worker forums, steering groups, and dedicated leadership roles. Many employers were undertaking reviews of the support and assistant workforce job descriptions and person specifications as well as standardising shortlisting criteria, reviewing supervision structures and appraisal systems.

There was a common theme of a healthy supply of support workers with vacancies being recruited quickly. The concept of 'Grow Your Own' had been adopted by many trusts although there was a lack of diversity within some services, particularly in terms of ethnicity and gender.

Retention of this workforce was also good, with a small number of reports indicating retaining the support workforce became a challenge when there was a lack of career progression. The increased use of level 6 apprenticeships commonly drew from the support workforce which increased retention due to career progression opportunities but created challenges with support worker turnover rates. Engagement with lower-level apprenticeships was variable. Additionally, the age demographics created demands as many support workers were approaching retirement age.

Many reports indicated they were expecting the demand for support workers to increase as services expand and new services are introduced. There was a shift towards more Band 3 and Band 4 roles and combined (therapy and nursing) support worker roles in some places. An increasing number of graduates are accessing these posts in NENC.

ACTION PLANS FOR DEVELOPMENT OF THE AHP SUPPORT WORKFORCE, RESOURCES AND RISKS

- Trusts do not currently have specific Support Workforce Plans, but the AHP support workforce were included in AHP strategies.
- HR processes were being reviewed and standardised where appropriate.
- Employers were keen to increase apprenticeships across levels, though lack of backfill funding and establishment uncertainties were a risk.
- Risks include lack of senior staff engagement, and lack of engagement due to high clinical workloads.
- Regional and system level collaboration is an enabler for driving support workforce innovations.

Most reports referred to the influence of the HEE AHP Support Worker Competency, Education and Career Development Framework (2021) [6]. Whilst trusts do not have a specific AHP Support Worker strategy, they were working to ensure the support worker voice is clear within clinical workforce strategic plans.

Review of the HR processes and documentation related to their support workforce were common in the action plans as was development of AHP Support Worker Competency Frameworks.

Employers were keen to support apprenticeships for levels 3 and 5, with a focus of sharing transferable learning between the AHP groups and in some cases creating split roles across the professions/services. However service destabilisation because of apprenticeship training or staff absence was seen as a risk, for example in smaller services where there was only one support worker in post.

Many reports included increasing support for lower-level apprenticeships and CPD training plans. A lack of suitable education options with associated funding to support them has the potential to negatively affect retention. The lack of backfill funding for apprenticeships and absence of ring-fenced funding for support worker training were highlighted as significant risks.

Risks to the support worker strategic plans include a lack of staff engagement and senior staff support. Limitations of the current ESR coding means that identification of AHP support workers is challenging and this may limit the engagement of managers who wish to interrogate their support worker data.

Regional collaboration was seen as an enabler as was the system level AHP Faculty continuation alongside the development of place-based partnership support worker initiatives. However, the lack of staff engagement in new competency frameworks and support staff forums was a concern due to heavy clinical workloads and competing demands. The Trusts note that collaboration with the education providers, the AHP Faculty and with their ICBs is important to meet regional goals, and this will be best facilitated where there are AHP Leadership roles in place to represent both the registered AHP Workforce and the AHP Support Workforce at strategic levels. All Trusts require support from Human Resources, education departments and business planning, and need a longer-term financial commitment to support them to develop Apprenticeships for AHP support workers, assistant practitioners, and Degree Apprenticeships for registered practice.

CONCLUSIONS AND RECOMMENDATIONS

Of the fifteen allied health professions, fourteen were employed across the NEY region with a total AHP WTE registered workforce of 13,719 and 3,575 WTE clinical support workers. The headcount was higher, with 15,709 registered staff, and 4021 support staff across the region. Two trusts did not supply this data so overall counts will be higher. The support workforce makes up 20.7% of the combined AHP workforce (n= 17,295 WTE) though this proportion varies across the region from a low of 17.9% (WY) and a high of 26.2% (HNY). Some Prosthetics and Orthotics and Podiatry services were provided by private providers.

The influence of the HEE Support Workforce Supply Project has resulted in a major focus on the AHP support workforce across NEY with anticipated growth for this staff group. Recruitment to posts was buoyant although development opportunities through apprenticeships for example, did negatively impact on retention of the support workforce.

Recruitment of the registered workforce to Band 5 posts is overall successful, though turnover is rapid in some areas. Some of the smaller AHP professions face recruitment challenges. Diagnostic Radiography, Therapeutic Radiography and Occupational Therapy carry persistently high vacancy rates with a high reliance on locum and agency staff. Recruitment to senior and specialist posts is challenging for most professions. In addition, the retirement profile in several professions will present key challenges within the next five years, as this is a potentially significant loss of workforce experience; 'retire and return' policies are developing.

Demand is increasing particularly in community settings and from outside traditional NHS settings. Increasing demands for existing services were reported in response to Covid-19 recovery plans and added complexity of cases through an ageing population. Transitioning to seven-day working and integration of services in several trusts as well as National initiatives such as the Additional Roles Reimbursement Scheme, Cancer Screening and Community Diagnostic Centres further impacted on the already stretched workforce raising concern for many Trusts.

There was a move towards increasing opportunities for enhanced and advanced practice and the requirement for educators to support placement expansion and apprenticeships plans. Trusts have implemented actions to increase workforce supply including establishing degree apprenticeships, international recruitment, Return to Practice initiatives, career development and increasing student placements. However development and delivery of many AHP plans were impacted by a lack of AHP Leadership at Trust Board level, and a lack of reliable reporting through ESR and local systems.

Recommendations for the NHS England NEY leadership from this synthesis include:

1) Championing the benefits of continuing investment in strategic AHP leadership roles in all Trusts and ICSs within the NHSE NEY region, enabling meaningful collaborative working across place, system and region.
2) Increasing the voice of the support workforce at Trust and ICS level, including supporting the creation of professional leadership roles as well as leaders drawn from within the support workforce.

3) Continuing to support ICSs, Trusts, and Education Providers to develop regional or system based pre- and post-registration apprenticeship strategies, and to grow apprenticeship opportunities and placement capacity in line with the NHS Long Term Workforce Plan. This should include expansion of the Practice Educator programme to support learners in the workplace, alongside encouraging the use of apprenticeships at all levels of the support worker framework.
4) Initiating an in-depth review of diversity and inclusivity in the AHP registered and support workforce within the region, with particular emphasis on ethnic, gender and age profiles at Trust and profession level. This will facilitate, where relevant, the development of regional initiatives to recruit and retain an increasingly diverse workforce.
5) Supporting national and regional initiatives to increase the research capability and capacity of the AHP workforce as a retention aid and to improve patient care within AHP services.
6) Driving forwards improvements in ESR data recording and interrogation to better understand the current workforce picture, particularly in relation to coding of support workers.

REFERENCES

1. NHS England. The Allied Health Professions (AHPs) Strategy for England: AHPs Deliver 2022 to 2027. June 2022. https://www.england.nhs.uk/wp-content/uploads/2022/06/allied-health-professions-strategy-for-england-ahps-deliver.pdf
2. NHS England (2019). Interim NHS People Plan https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf
3. NHS Improvement (2020). We are the NHS: People Plan 2020/21 - action for us all. July 2020. Available at: www.england.nhs.uk/ournhspeople
4. Health Education England Workforce Supply Project. Accessed at https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/national-allied-health-professionals-workforce-supply-project
5. NHS England. NHS Long Term Workforce Plan. June 2023. https://www.england.nhs.uk/long-read/accessible-nhs-long-term-workforce-plan/
6. Health Education England (2021). AHP Support Worker Competency, Education and Career Development Framework. Oct 2021. https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development

Sheffield Hallam University

North East and Yorkshire Regional Synthesis of AHP workforce plans. Final Report to NHS England (NEY region).

NIGHTINGALE, Julie, SEVENS, Trudy and IBBOTSON, Rachel <http://orcid.org/0000-0001-7245-4528>

Available from the Sheffield Hallam University Research Archive (SHURA) at:

http://shura.shu.ac.uk/32341/

Copyright and re-use policy

Please visit http://shura.shu.ac.uk/32341/ and http://shura.shu.ac.uk/information.html for further details about copyright and re-use permissions.